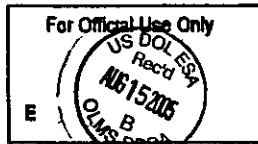


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8884</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>William P Lacey</u> P O Box, Bldg. Room No. if any <u> </u> Street <u>117 Crocus St</u> City <u>Floral Park</u> State <u>NY</u> ZIP Code + 4 <u>11001</u>	4 Name file number and address of labor organization Name <u>NYC District Council of Carpenters</u> Labor Organization File Number <u>032922</u> P O Box Building and Room Number if any <u> </u> Street <u>395 Hudson St</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10014</u>
5 Position in labor organization <u>Representative of Civil Service Carpenters</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <u>NYC Carpenters Labor Management Trust Fund</u> Trade Name if any <u> </u> P O Box Bldg Room No. if any <u> </u> Street <u>395 Hudson Street</u> City <u>New York</u> State <u>N.Y.</u> ZIP Code + 4 <u>10014</u>	7 a Nature of Interest, Transaction or Income <u>Labor Management Conference</u> 7 b Amount <u>4,708.53</u>

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Will Lacey On 8/10/05 Date 712 366 3305 Telephone Number